The annual Delaware Epidemiological Profile is a publication of the Delaware State Epidemiological Outcomes Workgroup (SEOW) project. Funding for the SEOW has been provided by the Department of Health and Social Services, Division of Substance Abuse and Mental Health through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please address all inquiries to M.J. Scales, MPH, CPS, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: mjscales@udel.edu.
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, received support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services initially supported the SEOW through SAMHSA Strategic Prevention Framework grants and continues to sponsor the SEOW with SAMHSA funding. The SEOW is facilitated by a team at the Center for Drug and Health Studies at the University of Delaware that convenes a network of representatives from approximately 55 State and nonprofit agencies, community organizations, advocacy groups, and other entities. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), the SEOW’s mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment efforts by pursuing the following goals:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources;
- To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences;
- To create data-guided products that inform prevention and treatment planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively.

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. Using data that are available on an ongoing basis, the report highlights indicators of mental health and wellbeing, patterns of substance use and its consequences, and risk and protective factors for people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This chapter provides an overview of Delaware demographics and a snapshot of substance use throughout the state. To review the complete report, slides, infographics, and other SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page. Video recordings of select SEOW presentations referenced in this report are also available online.
SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful to the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Bellevue Community Center
Beebe Healthcare
Children and Families First
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
Delaware Criminal Justice Information System
Delaware Department of Corrections
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
  Division of Prevention and Behavioral Health Services
Delaware Department of Health and Social Services
  Division of Medicaid and Medical Assistance
  Division of Public Health
  Division of Services for Aging and Adults with Physical Disabilities
  Division of Substance Abuse and Mental Health
Delaware Department of Safety and Homeland Security
  Delaware State Police
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
Delaware Department of State
  Delaware Office of Controlled Substances
  Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
Delaware Guidance Services
Delaware Information and Analysis Center
We would like acknowledge the SEOW Facilitator Team and others from the University of Delaware Center for Drug and Health Studies and for their contributions to the 2022 Epidemiological Profile:
Jessica Arnold, Rochelle Brittingham, David Horton, Darryl Chambers, Bill Gratton, Stephanie Ha, James Highberger, Dana Holz, Sharon Merriman-Nai, Dan O’Connell, Laura Rapp, Rachel Ryding, Meisje Scales, Rachael Schilling, Eileen Sparling, and Madeline Stenger.

If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.
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Notes: Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware has established a set of guidelines for reporting and interpreting data from surveys that it administers to students across the state. As a result, in the Delaware State Epidemiological Profile, data in some tables and figures may be aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report and provide an overview of changes relevant to this year:

- **Reporting small numbers**: For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure (i.e., 30 or above).

- **Rounding**: All figures from Delaware School Survey (DSS) are rounded to the nearest whole percent. As such, in some cases the cells in a table may add up to slightly more or less than 100%.

- **Missing Observations**: In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
  - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
  - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)

- **Discrepancies in Reporting**: In some instances, there may be slight differences in estimates reported by the Center for Drug and Health Studies compared to those reported by other state or federal entities for the same data source. In most cases this is due to differing practices in rounding or handling missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.

- **Statistical Significance**: Unless otherwise indicated, all reported correlations between variables are statistically significant at the p<.05 level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the p-value for a
given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.

• **Weighted Data:** Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted, there will be a notation indicating the data is weighted for the specific fact, figure, or table.
  
  - A note about 2019 Youth Risk Behavior Survey (YRBS) Data: In previous years, Delaware received weighted Delaware YRBS survey data from the CDC for both middle and high school samples. However, during the 2019 administration, participation rates for the Delaware high school survey did not meet the required threshold for weighting the data. Therefore, this report only includes 2019 middle school findings from the YRBS. Whenever available, trend data from the CDC Youth Online Data Portal is also reported. Additional high school YRBS data from previous years may be requested by following the Delaware Division of Public Data Information & Request Process.

• The 2021 Delaware School Survey (DSS) is administered annually to students in 5th, 8th, and 11th grades of participating public schools. There is one version designed for 5th graders and a secondary version for 8th and 11th graders. These data are important for monitoring behavioral health among youth and are included throughout the report. The sample sizes for the 2021 DSS are:
  - 5th grade: 2,601
  - 8th grade: 2,896
  - 11th grade: 1,597

• **Pandemic Impacts on Data Collection:** Since 2020, the COVID-19 pandemic has greatly affected data collection of all kinds. This report compiles the most recently accessible state and national data available to provide a comprehensive profile of behavioral health in Delaware. Given that the timing and methods of various data survey administrations may have changed within the past several years, it will be important to consider this when interpreting trends.
  
  - Prior to the onset of the COVID-19 pandemic, the Delaware School Survey was administered at participating schools in person and using paper and pencil copies. To accommodate the new pandemic-related protocols that were put in place when in person learning resumed, in 2021, the survey was administered to students using an online format. Data from the 2021 survey should be interpreted with this in mind, especially when comparing trends against previous years, as changes in the survey format may impact student participation in unknown ways.
A Note on Word Choice Used in this Report:

Language frames how we collectively think about behavioral health and is continuously evolving. The SEOW Facilitator Team strives to use word choices that are accurate, respectful, free of stigma, strength-based, trauma-informed, and inclusive and culturally sensitive in our data products. However, much of the data and information we report are drawn from other sources. To preserve accuracy, whenever possible, we use the words, phrases, and data labels that are used in the original sources even if these terms are not necessarily the terms we would use as researchers, practitioners, or prevention specialists. When it is necessary to edit an SEOW product in a way that uses different terminology from the original data source, we include the original phrasing in the accompanying notes.
1. About Delaware: State Demographic Background and a Snapshot of Substance Use

State Overview

Delaware is the second smallest state in the United States, with total landmass of 1,949 square miles (U.S. Census Bureau, n.d.). There are three counties: New Castle, the most populated, and Kent and Sussex counties, which are primarily rural. According to the U.S. Census Bureau QuickFacts¹, the state population estimate as of July 2021 is 1,003,384. The population grew approximately 10% between the 2010 and 2020 census, exceeding the national rate of increase during that time frame (U.S. Census, n.d.). Approximately one in five residents are under the age of 18, with a similar percentage aged 65 and older. The population has become more diverse since 2010; 68.4% of residents identify as White, 23.6% as Black or African American, 0.7% as American Indian and Alaska Native, 4.2% as Asian, 0.1% as Native Hawaiian and Other Pacific Islander, 2.9% as two or more races, and 8.9% as some other race alone or in combination. One in ten report their ethnicity as Hispanic or Latino/a/x, and 13.4% report speaking a language other than English at home. There are approximately 65,000 veterans living in the state and 9.4% of the population is estimated have been born in a foreign country (U.S. Census Bureau, n.d.). Nearly one in ten (9%) Delawareans under age 65 report having a disability.

Based on the 2016-2020 American Community Survey estimates, median household income in Delaware is $69,110 yet one in ten residents lives in poverty. Approximately 92% of state residents have some form of health insurance (U.S. Census Bureau, n.d.). In November 2021, 58,034 Delaware families and a total population of 117,602 residents received assistance from the Supplemental Nutrition Assistance Program (SNAP) (KIDS COUNT in Delaware, Annie E. Casey Foundation, 2022). According to the U.S. Bureau of Labor Statistics, in July 2022, Delaware’s seasonally adjusted unemployment rate was 4.5%. This is continuing to decline from the rate of 10.5% in 2020 when the state experienced a dramatic rise in unemployment due to the onset of the COVID-19 pandemic.

Due to unique tax and corporate policies and access to the Delaware Court of Chancery, over one million entities have incorporated in the state (Delaware Division of Corporations, n.d.)

¹ Throughout this report, 2020 Census data is used if it is available; population data are supplemented with the most recent American Community Survey (ACS) rolling estimates which are also published by the U.S. Census Bureau.
which has been nicknamed the “corporate capital of the world.” Two of Delaware’s major industries are corporate financing and banking. Delaware’s economy is also driven by chemical manufacturing, aviation, health services, tourism, and agriculture. In Kent and Sussex counties, agriculture has greater predominance. The state’s largest agricultural output is broiler chickens, followed by soybeans and corn. Millions of people from across the country visit Delaware each year, including beach resort towns in Sussex County, making tourism a great driver of economic development (visitdelaware.com, n.d.). However, both of these industries were affected by the COVID-19 pandemic.

**New Castle County Overview**

The northernmost and most densely populated county, New Castle, has an estimated population of 571,708, representing an increase of approximately 6% since 2010 (U.S. Census Bureau, n.d.). Delaware’s largest city, Wilmington, is located in the county, with an estimated 70,750 people living in the city as of July 2021 (U.S. Census Bureau, n.d.). There is a surge in the number of people in the downtown business district during the day, with much of that population leaving the city for homes in the suburban outlying areas at night. Recent residential and business developments along the waterfront in the city were designed, in part, to attract more working professionals to the city to live, dine, and find entertainment. Efforts to motivate locals to dine and entertain in the city are hampered by concerns over high crime rates, and more recently by the COVID-19 pandemic. Attention to increasing homicide rates led local residents and policymakers to call gun violence a public health epidemic, and epidemiologists from the CDC treated it as such and spent several months in 2015 identifying risk factors that led to gun violence within the city (Sumner et al., 2015). One in four Wilmington residents experiences poverty, which is double the rate of the state’s overall population and nearly two and a half times the rate of the county’s population (U.S. Census Bureau, n.d.).

Newark, the state’s third largest city, with an estimated 31,155 people in 2021, is also located in New Castle County (U.S. Census Bureau, n.d.). Delaware’s flagship university, the University of Delaware, is located in Newark. Towns in lower New Castle County, such as Middletown and Townsend, have seen explosive growth in the past two decades.

**Kent County Overview**

An estimated 184,189 residents live in centrally located Kent County, which experienced an overall population increase of approximately 12% in the past decade (U.S. Census Bureau, n.d.). Dover, the state’s capital and second largest city, is located in Kent County. The city is home to the Dover Air Force Base and the Dover Downs International Speedway. Delaware State University is based in Dover, and Delaware Technical Community College and Wilmington
University also have locations in the city. Although the county rate of poverty is 13%, the rate is 21.9% for residents of Dover (U.S. Census Bureau, n.d.).

Recent residential developments have attracted more people to Kent County. Cheswold and Clayton are two towns where population has increased dramatically since 2000.

**Sussex County Overview**

Sussex County, the southernmost county, is home to several beach resort towns that support a large influx of people during the warmer months but a smaller year-round population. The population continues to grow in this area. As of July 2021, the county’s population was an estimated 247,527 residents, demonstrating the highest rate of growth (over 20%) in the state since 2010 (U.S. Census Bureau, n.d.). The rate of poverty in Sussex County is 11% (U.S. Census, n.d.).

Milford, Georgetown, and Seaford are the three largest cities in the county, all of which are inland from the coast and have primarily year-round populations. Poultry processing is a major industry in Sussex County, and a significant immigrant and migrant worker population is associated with the industry. The region is also a popular retirement destination and nearly three in ten residents are 65 and older, considerably higher than the state rate of 20.1% (U.S. Census, n.d.), which has implications for healthcare and social services. These official numbers may still reflect an undercount of total population growth, as migrant and immigrant workers are often uncounted by the U.S. Census.

**Medically Underserved Areas**

The Health Resources and Services Administration (HRSA) uses existing data to determine areas of the country that are medically underserved and lack access to primary care doctors. Occasionally, areas do not fit official criteria for being medically underserved, but local stakeholders, aware of local context and realities, can petition to designate the area as medically underserved if additional data show that the population has difficulty in accessing primary care. In Delaware, much of the southern and eastern communities in New Castle County are currently considered a Medically Underserved Area (MUA) under the Governor’s Exception Criteria, with several census tracts within the city of Wilmington considered an MUA using the HRSA coding criteria. All of Kent County is considered an MUA under the Governor’s Exception Criteria. Sussex County is considered an MUA under the HRSA coding criteria (Health Resource and Services Administration, n.d.). Delaware has a ratio of 296.2 primary care providers per 100,000 population, currently ranked 10th among states. The state ranks 20th in access to mental health providers and 50th in access to dental care. Multiple chronic conditions, adverse childhood experiences (ACEs), premature death, obesity, low birth weight, violent
crime, and preventable hospitalizations are core measures with negative impacts on Delaware’s health (United Health Foundation [UHF], n.d.).

According to America’s Health Rankings, in 2020, 12.3% of Delaware adults reported they experienced frequent mental distress (United Health Foundation [UHF], n.d.). Coupled with under-resourced service areas, this amplifies the need for preventive health services, including strategies to bolster behavioral health.

**COVID-19 in Delaware**

Delaware faced significant health, economic, and social challenges related to the COVID-19 pandemic which resulted in a stay-at-home order in March 2020 that lasted through much of the year. The availability of vaccines, treatment, and federal relief measures enabled many businesses and institutions to re-open or remain operational to some degree, some with telecommuting components. In August 2021, schools resumed in person learning. However, the pandemic continues to impact healthcare and other services. According to the My Healthy Community COVID-19 Data Dashboard, positive cases and percentage of emergency department visits for COVID-19-like illnesses peaked in January 2022 with the emergence of the highly contagious Omicron variant. Although rates declined in late winter and early spring, there was an uptick in the summer. At the end of July 2022, the average case rate was 247.4 per 100,000 of population. As of August 4th, 2022, 73.9% of the total population had received at least one dose of a vaccine (Delaware Department of Health and Social Services, n.d.).

The frequency of COVID cases and subsequent demands on the health care system may also indirectly impact the availability and accessibility of routine and other health care resources, which is likely to be exacerbated if health care professionals continue to feel overwhelmed. A 2021 KFF/Washington Post survey indicated that 29% of health care workers had considered leaving their profession as a result of the pandemic.

As mentioned previously, the state’s seasonally adjusted unemployment rate has improved dramatically since July 2020. But other economic factors that were temporarily relieved by emergency measures, such as the national moratorium on evictions and deferment of student loan payments, have already expired or are scheduled to and inflation has risen dramatically in the past several years. These factors will need to be monitored for their impact on Delaware rates of poverty along with other indicators of financial stability, which interact with health and wellbeing.
Snapshot: Substance Use in Delaware

The following graphs and maps provide an overview of various rates of substance use among youth in Delaware.
2021 Delaware School Survey
Reported Use of Selected Substances in the Past Year
among Delaware 8th Grade Students
(in percentages)

Figure 1: Selected substance use, past year, 8th grade

Prescription misuse refers to use of prescription medications without a prescription or in a way other than prescribed.
Other illegal drugs include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.

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**2021 Delaware School Survey**

**Reported Use of Selected Substances in the Past Year among Delaware 11th Grade Students (in percentages)**

![Bar chart showing the use of selected substances among 11th grade students](chart)

**Figure 2: Selected substances used in past year, 11th grade**

*The unweighted sample size of 11th grade students who used cigarettes in the past year was below the minimum threshold for reporting (n<30). Prescription misuse refers to use of prescription medications without a prescription or in a way other than prescribed. Other illegal drugs include ecstasy, hallucinogens, street uppers, inhalants, cocaine, crack, heroin, and synthetic marijuana used to get high.*


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2018 Delaware School Survey
Reported Polysubstance Use in the Past Year among Delaware 11th Grade Students

This Venn diagram illustrates the prevalence of past-year polysubstance use among 11th grade students in Delaware. Each circle has been scaled relative to the number of students who report using that substance in the past year, and the areas where circles overlap are accurate to the proportion of students who reported using multiple substances. Overall, 55% of students report using at least one substance in the past year, meaning that 45% of students did not report past-year substance use.

As in previous years, alcohol remains the most commonly used substance, with marijuana as the second most used substance. Most students who reported using a different substance were also using alcohol or marijuana, if not both. Also of note, every student who reported smoking cigarettes also reported the use of an e-cigarette or vaping device. Two percent of students reported using substances from all five categories of drugs here.

Figure 3: Polysubstance use, past year, 11th graders

<table>
<thead>
<tr>
<th>Substance</th>
<th>% Reporting Past-Year Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>45%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>34%</td>
</tr>
<tr>
<td>E-cigarette/Vape</td>
<td>17%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>7%</td>
</tr>
<tr>
<td>At least one other drug</td>
<td>12%</td>
</tr>
<tr>
<td>All of the above categories</td>
<td>2%</td>
</tr>
</tbody>
</table>

Note: This includes ecstasy, hallucinogens, steroids, over-the-counter drugs, amphetamines, crack, cocaine, heroin, synthetic marijuana, and/or any prescription medication used in ways other than prescribed.
Figure 4: Map of past month cigarette use, 8th grade


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Figure 5: Map of past month vaping, 8th grade

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Figure 6: Map of past month alcohol use, 8th grade

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Figure 7: Map of binge drinking, 8th grade
Figure 8: Map of past month marijuana use, 8th grade


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Figure 9: Map of past year prescription painkiller misuse, 8th grade
Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

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Figure 10: Map of past year prescription drug misuse, 8th grade
Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.
Figure 11: Map of past month cigarette use, 11th grade
Figure 12: Map of past month vaping, 11th grade

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Figure 13: Map of past month alcohol use, 11th grade
Figure 14: Map of binge drinking, 11th grade

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Figure 15: Map of past month marijuana use, 11th grade

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Figure 16: Map of past year prescription painkiller misuse, 11th grade
Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.
Figure 17: Map of past year prescription drug misuse, 11th grade
Note: Prescription misuse is defined by the survey as using a medication without a prescription or in a way other than prescribed.

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2. References

About Delaware: State Demographic Background and a Snapshot of Substance Use


United Health Foundation, America’s Health Rankings. (n.d.) [Table]. Frequent mental distress, Delaware, United States. Retrieved on August 20, 2022 from
United Health Foundation, America’s Health Rankings. (n.d.) [Table]. *Primary Care Providers, Delaware, United States*. Retrieved on September 24, 2022 from https://www.americashealthrankings.org/explore/annual/measure/PCP_NPPES/state/DE


## Data Sources

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<th>Data Instrument</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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<td>2021</td>
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<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>2020</td>
<td>-</td>
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<td>Delaware Division of Forensic Science Annual Report</td>
<td>2021</td>
<td>2019 - 2021</td>
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<td>Delaware Online/NewsJournal Gun Violence Database</td>
<td>2022</td>
<td>2017 - 2022</td>
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<td>2012 - 2020</td>
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<td>2021 - 2022</td>
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<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
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<td>1999 - 2021</td>
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<td>Delaware Infants with Prenatal Substance Exposure</td>
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<td>Treatment Admissions Data</td>
<td>2019</td>
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</tbody>
</table>

In addition to the data sources for the figures and tables in the 2022 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- American Psychological Association
- Bureau of Labor Statistics
- Center for Drug and Health Studies, University of Delaware
- Crisis Text Line
- Delaware Department of Education
- Delaware Department of Health and Social Services, Division of Public Health, My Healthy Community
- Delaware Drug Monitoring Initiative
- Delaware Household Health Survey
- Drug Enforcement Administration
- Gallup
- KIDS COUNT in Delaware
- KFF
- National Academies of Sciences, Engineering, and Medicine
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institutes of Health
- National Institute on Mental Health
- Rapid Assessment of Pandemic Impact on Development – Early Childhood
- State of Delaware Economic Development Office
- The Trevor Project
- The Williams Institute
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention (Alcohol-Related Disease Impact [ARDI] Dashboard; Death Rate Maps & Graphs; State Overdose Death Reporting System [SUDORS])
- U.S. Health Resources and Services Administration